

REQUIRED INFORMATION	THIRD-PARTY INFORMATION
<input type="checkbox"/> Written Contract Signed by Both Contracting Parties. <input type="checkbox"/> Date release occurred and/or discovered: ____ / ____ / ____ <input type="checkbox"/> Date release was reported to cabinet: ____ / ____ / ____ <input type="checkbox"/> Incident Number(s): _____ <input type="checkbox"/> Check all that apply for the type of release at this facility: ◇ Gasoline ◇ Diesel ◇ Kerosene ◇ New Oil ◇ Waste Oil <input type="checkbox"/> Name of Certified Contractor: _____ <input type="checkbox"/> UST Branch's PST Certified Contractor Certification #: _____ <input type="checkbox"/> Name of Certified Company: _____ <input type="checkbox"/> UST Branch's PST Certified Company Certification #: _____	<ul style="list-style-type: none"> Is there any known third-party complaint connected with this release? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide the following for each third-party complaint: <ol style="list-style-type: none"> <u>Name / Telephone Number:</u> _____ <u>Address / City / State / Zip Code:</u> _____ <u>Name / Telephone Number:</u> _____ <u>Address / City / State / Zip Code:</u> _____ Attach a copy of the complaint and/or any legal documents, letters, etc. received.

SUBROGATION AGREEMENT

In consideration of and to the extent of payment from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) in accordance with KRS 224.60-150 et seq., the undersigned _____ (Applicant) hereby assigns, transfers and subrogates to the cabinet all of the rights, claims, interest and rights of action, which the Applicant may have against any party, person or corporation, including insurers, liable under any contract or tort theory for the cost of petroleum cleanup at _____ (Facility) during the period on or about _____, _____ (Month Day, Year) to the present. The Applicant authorizes the cabinet to sue, compromise or settle in the Applicant's name or otherwise all such claims and to execute, sign releases and acquaintance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant's with the same force and effect as the Applicant executed or endorsed them. It is the intent of the parties' that the cabinet be fully substituted for the Applicant and subrogated to all of the Applicant's rights to recover the amount paid from the PSTEAF.

The Applicant warrants and represents that no settlement has been made by the Applicant with any party, person or corporation against whom a claim may lie, and no release has been or will be given to anyone responsible for the cost of cleanup and that no such settlement will be made nor release given by the Applicant without the written consent of the cabinet. The Applicant covenants and agrees to cooperate fully with the cabinet in the prosecution of such claims and to procure and furnish all papers and documents in the Applicant's possession necessary in such proceedings and to attend court and testify if the cabinet deems such to be necessary, but it is understood the Applicant is to be saved harmless from costs in any such proceeding brought by the cabinet.

APPLICATION FOR ASSISTANCE CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): ☐ Applicant ☐ Legally-authorized representative or agent of the applicant AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. IN ADDITION, I CERTIFY THE ELIGIBILITY REQUIREMENTS OF 401 KAR 42:250 HAVE BEEN MET AND A RELEASE REQUIRING CORRECTIVE ACTION FROM THIS FACILITY HAS OCCURRED AND HAS BEEN REPORTED TO THE CABINET AS REQUIRED BY 401 KAR 42:250 SECTION 2.

SIGNATURE REQUIREMENTS: If incorporated or a public service corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):	TITLE:	
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):	DATE:	
CERTIFIED CONTRACTOR'S SIGNATURE:	UST BRANCH'S PST CERTIFIED CONTRACTOR #:	DATE:
CERTIFIED COMPANY AUTHORIZED REPRESENTATIVE'S SIGNATURE:	UST BRANCH'S PST CERTIFIED COMPANY #:	DATE:
If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at (502) 564-5981 / (800) 928-7782 or visit our website at http://www.waste.ky.gov .		

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS